CHILTON HEALTH AND REHABILITATION

810 MEMORTAL DRIVE

Home Delivered Meals

CHILTON 53014 Phone: (920) 849-2308 Ownership: Non-Profit Corporation ys of Operation: 365 Highest Level License: Skill tal? No Operate in Conjunction with CBRF? No (12/31/02): 65 Title 18 (Medicare) Certified? Yes 1/02): 92 Title 19 (Medicaid) Certified? Yes 52 Average Daily Census: 57 Operated from 1/1 To 12/31 Days of Operation: 365 Skilled Operate in Conjunction with Hospital? No Number of Beds Set Up and Staffed (12/31/02): 65 Total Licensed Bed Capacity (12/31/02): 92 Number of Residents on 12/31/02: ****************** Services Provided to Non-Residents | Age, Sex, and Primary Diagnosis of Residents (12/31/02) | Length of Stay (12/31/02) % Respite Care Adult Day Care Respite Care 17.3 | Full-Time Equivalent
---- | Nursing Staff per 100 Residents
100.0 | (12/31/02) Adult Day Health Care No | Para-, Quadra-, Hemiplegic 0.0 | 95 & Over 1.9 | Congregate Meals No | Cancer

No | Fractures No | Cardiovascular Other Meals No | Cerebrovascular No | Diabetes Transportation

 No | Diabetes
 15.4 | Sex
 % | LPNs

 No | Respiratory
 0.0 | ------ | Nursing Assistants,

 Referral Service Other Services Provide Day Programming for | Other Medical Conditions 23.1 | Male 28.8 | Aides, & Orderlies 43.4 ---- | Female 71.2 | 100.0 | ----- | Mentally Ill

15.4

Provide Day Programming for Developmentally Disabled No |

****************** Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care		 						
Level of Care	No.	90	Per Diem (\$)	No.	Ŷ	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	Ŷ	Per Diem (\$)	No.	o/o	Per Diem (\$)	No.	0/0	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	3	100.0	264	36	97.3	100	0	0.0	0	12	100.0	136	0	0.0	0	0	0.0	0	51	98.1
Intermediate				1	2.7	83	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.9
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		37	100.0		0	0.0		12	100.0		0	0.0		0	0.0		52	100.0

CHILTON HEALTH AND REHABILITATION

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Admissions, Discharges, and	Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02									
Deaths During Reporting Period			Total							
Percent Admissions from:		 Activities of	0.		% Needing sistance of	% Totally	Number of			
Private Home/No Home Health	20.2	•	б Ты а ана ана а ана ±	_			Residents			
			-		Or Two Staff	Dependent				
Private Home/With Home Health		,	13.5		48.1	38.5	52			
	0.0	>				38.5	52			
Acute Care Hospitals	66.2	Transferring	30.8		53.8	15.4	52			
Psych. HospMR/DD Facilities	0.0	Toilet Use	19.2		55.8	25.0	52			
Rehabilitation Hospitals	0.0	Eating	63.5		23.1	13.5	52			
Other Locations	4.2	**************	*****	*****	*****	*****	******			
Total Number of Admissions	71	Continence		%	Special Treat	ments	90			
Percent Discharges To:		Indwelling Or Extern	al Catheter	3.8	Receiving R	espiratory Care	19.2			
Private Home/No Home Health	31.2	Occ/Freq. Incontinen	t of Bladder	44.2	Receiving T	racheostomy Care	0.0			
Private Home/With Home Health	0.0	Occ/Freq. Incontinen	t of Bowel	38.5	Receiving S	uctioning	0.0			
Other Nursing Homes	9.1				Receiving O	stomy Care	0.0			
Acute Care Hospitals	15.6	Mobility			Receiving T	ube Feeding	0.0			
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	0.0	Receiving M	echanically Altered Diet:	30.8			
Rehabilitation Hospitals	0.0									
Other Locations	6.5	Skin Care			Other Residen	t Characteristics				
Deaths	37.7	With Pressure Sores		3.8	Have Advanc	e Directives	92.3			
Total Number of Discharges		With Rashes		3.8	Medications					
(Including Deaths)	77	I			Receiving P	sychoactive Drugs	48.1			

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		Ownership:		Bed Size:		Licensure:					
	This	Non	profit	50	-99	Skilled		All			
	Facility	Peer Group		Peer Group		Peer Group		Facilities			
	96	%	Ratio	olo	Ratio	olo	Ratio	olo	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	60.1	87.5	0.69	87.1	0.69	85.3	0.70	85.1	0.71		
Current Residents from In-County	90.4	79.3	1.14	81.5	1.11	81.5	1.11	76.6	1.18		
Admissions from In-County, Still Residing	16.9	21.8	0.78	20.0	0.84	20.4	0.83	20.3	0.83		
Admissions/Average Daily Census	124.6	124.6	1.00	152.3	0.82	146.1	0.85	133.4	0.93		
Discharges/Average Daily Census	135.1	129.0	1.05	153.5	0.88	147.5	0.92	135.3	1.00		
Discharges To Private Residence/Average Daily Cens	us 42.1	50.5	0.83	67.5	0.62	63.3	0.67	56.6	0.74		
Residents Receiving Skilled Care	98.1	94.7	1.04	93.1	1.05	92.4	1.06	86.3	1.14		
Residents Aged 65 and Older	92.3	96.2	0.96	95.1	0.97	92.0	1.00	87.7	1.05		
Title 19 (Medicaid) Funded Residents	71.2	56.7	1.26	58.7	1.21	63.6	1.12	67.5	1.05		
Private Pay Funded Residents	23.1	32.8	0.70	30.0	0.77	24.0	0.96	21.0	1.10		
Developmentally Disabled Residents	0.0	0.5	0.00	0.9	0.00	1.2	0.00	7.1	0.00		
Mentally Ill Residents	19.2	35.5	0.54	33.0	0.58	36.2	0.53	33.3	0.58		
General Medical Service Residents	23.1	23.8	0.97	23.2	0.99	22.5	1.03	20.5	1.13		
Impaired ADL (Mean)	49.6	50.4	0.98	47.7	1.04	49.3	1.01	49.3	1.01		
Psychological Problems	48.1	54.7	0.88	54.9	0.88	54.7	0.88	54.0	0.89		
Nursing Care Required (Mean)	7.2	6.9	1.04	6.2	1.16	6.7	1.07	7.2	1.00		